

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

097868619

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1		1		
3		1		1		
4		3		3		
5		6		3		
6		6		6		
7		6		7		
8		6		6		
9		18		13		
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49						
50						
TOTAL IND.			1			
TOTAL DEP.				20		
TOTAL CLAIMS				21		

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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